



DEPARTMENT OF HEALTH & HUMAN  
SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Blvd.  
Baltimore, Maryland 21244  
**HEALTH PLAN BENEFITS GROUP**

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TO: All Medicare+Choice Organizations (M+COs)

FROM: Marla Kilbourne  
Director  
Division of Enrollment and Payment Operations

DATE: December 11, 2002

SUBJECT: IntegriGuard Procedures to Process ESRD Requests, Important New Procedures for Attestation of Enrollment Information AND Clarification of Medicaid Categories-Action

The purpose of this letter is to provide procedures to correct ESRD status discrepancies, provide clarification of Medicaid categories and advise you of the new procedure to be followed when submitting your monthly enrollment attestations.

ESRD Requests

The revised Tab B attached contains the instructions for submittal of ESRD requests to IntegriGuard. This is a revision of the Tab B contained in the Retroactive Action Procedures Memo dated October 7.

New Procedure for Attestation of Enrollment Information

The Attestation of Enrollment Information should be sent to IntegriGuard beginning with the attestation submitted January 9, 2003 for the Grouch reports available November 25, 2002. A revised GHP Year 2003 Schedule is attached and now includes the Attestation due dates. Please note you should submit requests for institutional corrections with your attestation of those reports in accordance with IntegriGuard's process (Tab B). Submit to IntegriGuard, MMC Enrollment Project, 10040 Regency Circle, Suite 260, Omaha, Nebraska 68114.

Medicaid Program Definitions

The revised Tab E provided includes an addition to the Medicaid SOP that describes the Medicaid categories and whether M+COs can receive the Medicaid capitation rate for those categories.

If you have any questions regarding this letter, please contact Carol Eaton at 410-786-6165 or Ceaton@cms.hhs.gov.

Attachments

## Tab B

### INTEGRIGUARD SUBMISSION PROCESS FOR M+COS

M+COs can submit requests to IntegriGuard on CD, diskette, or paper. The specific format and required fields for submission of the retroactive status changes addressed in this memo is shown below under each category. However, IntegriGuard will accept the information on an Excel spreadsheet, in a Word document, or in an Access database. **Please note that this information cannot be sent by fax or e-mail as required under HIPAA regulations.** A cover letter including the M+CO number (H#) and certification must be submitted along with the requested changes. An example of appropriate language for the certification is as follows:

"This signature verifies that the information submitted to IntegriGuard on (date) is accurate and complete and that supporting documentation is being maintained at the M+CO for each request."

The M+COs should retain the original supporting documentation for the requested changes as they may be required to produce it during a Government audit at a later date.

#### **Submitting State and County Code Status Changes**

The M+COs will submit their requested changes to IntegriGuard. Requested changes will be processed within 45 days of receipt. Upon completion of processing, IntegriGuard will provide the M+CO with a report detailing the disposition of the requests. Supporting documentation will be required only as requested by IntegriGuard in conjunction with the probe study. (See section titled "Probe Study").

The information and column order needed to process each state and county code change is as follows:

**M+CO Name**

**Contact Name:**

**Mailing Address**

**Phone #:**

**City, State, Zip Code**

**E-Mail Address:**

SCC								
H#	CMS Region #	HIC #	Beneficiary's Last Name	Beneficiary's First Name	Start Date mm/dd/yyyy	End Date mm/dd/yyyy	Req SCC	Req Zip Code

Please note: All fields must be completed. If the M+CO does not have the end date because the beneficiary still resides in the SCC requested, please place "N/A" in the "End Date" field. Also, please enter dates as mm/dd/yyyy (example, 01/01/2002).

#### **Submitting Institutional Status Changes**

The M+COs will submit their requested changes to IntegriGuard. Requested changes will be processed within 45 days of receipt. Upon completion of processing, IntegriGuard will provide the M+CO with a report detailing the disposition of the requests. Supporting documentation will be required only as requested by IntegriGuard in conjunction with the probe study. (See section titled "Probe Study").

The information and column order needed to process each institutional status change is as follows:

**M+CO Name**

**Contact Name:**

**Mailing Address**

**Phone #:**

**City, State, Zip Code**

**E-Mail Address:**

INSTITUTIONAL						
H#	CMS Region #	HIC #	Beneficiary's Last Name	Beneficiary's First Name	INST Start Date mm/dd/yyyy	INST End Date mm/dd/yyyy

Please note: The "INST Start Date" is defined as the date of the period for which you are requesting payment at the institutional status. **In other words, this is not the qualifying period.** The "INST End Date" is defined as the last date of the period for the requested Institutional status payment change. All fields must be completed.

#### **Submitting Institutional Removal Status Changes**

The M+COs will submit their requested changes to IntegriGuard. Requested changes will be processed within 45 days of receipt. Upon completion of processing, IntegriGuard will provide the M+CO with a report detailing the disposition of the requests. Supporting documentation will be required only as requested by IntegriGuard in conjunction with the probe study. (See section titled "Probe Study").

The information and column order needed to process each institutional removal status change is as follows:

**M+CO Name**

**Contact Name:**

**Mailing Address**

**Phone #:**

**City, State, Zip Code**

**E-Mail Address:**

INST REMOVAL Months						
H#	CMS Region #	HIC #	Beneficiary's Last Name	Beneficiary's First Name	Beginning Month mm/yyyy	Ending month mm/yyyy

Please note: All fields must be completed. The month(s) to be removed field is defined as the month(s) for which the M+CO received institutional status payment but is now requesting the institutional status be removed, as it was not applicable.

#### **Submitting Medicaid Status Changes**

The M+COs will submit their requested changes to IntegriGuard. Requested changes will be processed within 45 days of receipt. Upon completion of processing, IntegriGuard will provide the M+CO with a report detailing the disposition of the requests. Supporting documentation will be required only as requested by IntegriGuard in conjunction with the probe study. (See section titled Probe Study).

The information and column order needed to process each Medicaid change is as follows:

**M+CO Name**

**Contact Name:**

**Mailing Address**

**Phone #:**

**City, State, Zip Code**

**E-Mail Address:**

					Medicaid	
H#	CMS Region #	HIC #	Beneficiary's Last Name	Beneficiary's First Name	Verified Period From Date mm/yyyy	Verified Period Thru Date mm/yyyy

Please note: The "Verified Period From Date" is defined as the date the requested Medicaid status change is to be initiated. The "Verified Period Thru Date" is defined as the date the requested Medicaid status change is to end. If the M+CO does not have the thru date because the beneficiary still qualifies for Medicaid status, place "N/A" in the "Verified Period Thru Date" field. All fields must be completed.

#### **Submitting the Removal of Medicaid Status Changes**

The M+COs will submit their requested changes to IntegriGuard. Requested changes will be processed within 45 days of receipt. Upon completion of processing, IntegriGuard will provide the M+CO with a report detailing the disposition of the requests. Supporting documentation will be required only as requested by IntegriGuard in conjunction with the probe study. (See section titled "Probe Study").

The information and column order needed to process removal of Medicaid status change is as follows:

**M+CO Name**

**Contact Name:**

**Mailing Address**

**Phone #:**

**City, State, Zip Code**

**E-Mail Address:**

					Removal of Medicaid Status Months	
H#	CMS Region #	HIC #	Beneficiary's Last Name	Beneficiary's First Name	Beginning Month mm/yyyy	Ending Month Mm/yyyy

Please note: The month(s) to be removed field is defined as the month(s) the M+CO is requesting the removal of Medicaid status. All fields must be completed.

#### **Submitting ESRD Status Changes**

The M+COs will submit their requested changes to IntegriGuard. Requested changes will be processed within 45 days of receipt. Upon completion of processing, IntegriGuard will provide the M+CO with a report detailing the disposition of the requests. Supporting documentation will be

required only as requested by IntegriGuard in conjunction with the probe study. (See section titled Probe Study).

The information and column order needed to process ESRD status changes are as follows:

**M+CO Name**

**Contact Name:**

**Mailing Address**

**Phone #:**

**City, State, Zip Code**

**E-Mail Address:**

						ESRD	
H#	CMS Region #	HIC #	Beneficiary Last Name	Beneficiary First Name	Date Regular Dialysis Began	Beginning Date of Discrepancy Period Mm/dd/yyyy	Ending Date of Discrepancy Period Mm/dd/yyyy

Please note: The Beginning and Ending Date of discrepancy period is defined as the month(s) the beneficiary qualified for ESRD status, but the M+CO did not receive a payment at ESRD capitation rate. All fields must be completed.

### **Probe Study**

In order to assure appropriate oversight, IntegriGuard will periodically conduct a probe study by requesting supporting documentation from various M+COs. The purpose of these studies is to review and verify that appropriate documentation is maintained by the M+COs as defined in the CMS Standard Operating Procedures (SOP).

A 5% random sample of M+CO status changes will be chosen for inclusion in the study. When an M+CO is notified of inclusion in the probe study, the M+CO will have 45 days from the date of IntegriGuard's request to submit supporting documentation. After review of the documentation, IntegriGuard will send the M+CO a report of the findings. If the documentation is not received or does not support the requested changes, the changes will be nullified. A report will be sent to the M+CO and to CMS detailing this action.

### **Submission Address**

Please send all payment adjustment requests for changes to state and county code and institutional status categories to:

**IntegriGuard  
MMC Enrollment Project  
10040 Regency Circle, Suite 260  
Omaha, Nebraska 68114**

## **STANDARD OPERATING PROCEDURES FOR MEDICAID RETROACTIVE ADJUSTMENTS**

### **Medicaid Description**

Medicaid is a Federal and State program that provides medical services to clients of state public assistance programs. Medicaid eligibility is determined by the state Medicaid agency in the state where the beneficiary resides. Some Medicare beneficiaries are also eligible for Medicaid. These individuals are commonly referred to as Dual Eligible beneficiaries. The Centers for Medicare and Medicaid Services (CMS) administers the federal standards compliance aspects of this program and monitors the federal payments related to the Medicaid Program for both Medicaid only and the dually eligible population. The law requires that all states pay the Part B premium to Medicare for dual eligible beneficiaries. The law does not require states to pay the Part B premium for individuals who are classified as Medical Assistance Only (MAO) even though the increased capitation rate applies, however many states have elected to report these individuals as dually eligible and pay their Part B premium.

### **General Information about Medicaid Payments**

In accordance with the Health Status hierarchy (Hospice, ESRD, Working Aged, Institutional, **Medicaid**), M+COs receive a higher capitation rate for Medicare beneficiaries who have been identified as Medicaid in the CMS systems.

The primary source of this information is the Third Party Master Premium Billing system (TPM), which is used by CMS to bill states for the Part B premiums paid by states on behalf of dually eligible individuals. All states report data in this system as all states pay the Part B premium for their dual eligibles (with the exception of MAOs in some states). This is the source data used by the managed care payment system (Group Health Plan system (GHP)) to identify the dually eligible beneficiaries that have Medicaid status. The M+COs are required to rely on the data from the TPM billing system for this portion of the population. The TPM records this transaction. The GHP system then interfaces monthly with the TPM and updates its files to reflect any new information. This process may effect payments prospectively and retroactively. The M+CO should notify the state office responsible for updating the CMS Third Party Billing system when discrepancies are identified for dually eligible individuals.

### **Guidelines for Prospective Medicaid Adjustments**

M+COs can identify beneficiaries as Medicaid in certain instances, for prospective payments only. Primarily this is to place individuals who are classified as Medical Assistance Only (MAOs) in a Medicaid status, but are not limited to this category. These prospective payments are submitted to CMS during the normal monthly process.

M+COs need only report the MAO status for members who reside in the states that do not report these individuals. All other dually eligible beneficiaries are reported to CMS via the TPM update process. The states that do not pay the premium for MAO individuals are:

Connecticut	Minnesota	Pennsylvania
Delaware	Missouri	Rhode Island
Idaho	Montana	South Dakota
Illinois	Nebraska	Tennessee
Kentucky	New Hampshire	Texas
Louisiana	New York	Vermont
Maine	North Dakota	Virgin Islands
Massachusetts	Oklahoma	West Virginia
		Wisconsin

### **General Guidelines for M+COs requesting retroactive adjustments**

The M+CO should submit requests for adjustments to the regional office within 45 days of identifying the discrepancy during the normal monthly reconciliation of the CMS Monthly Membership report against the M+CO's records.

The M+CO may request a retroactive adjustment either placing a beneficiary into the Medicaid health status or removing the beneficiary from the Medicaid health status. The M+CO should never submit duplicate information unless the CMS Central Office or Regional Office specifically requests that duplicate information be submitted.

To follow up on specific previously submitted requests for adjustments, a letter of inquiry should be sent separately from other requests for adjustments. It should clearly state in the subject line that it is a follow-up to request(s) previously submitted. The letter must include the claim number of the individual, specific action requested, the discrepancy period involved and the date the original request(s) was submitted.

If the package submitted to CMS is incomplete, it will be returned to the M+CO for completion. No action will be taken on the package until the complete documentation is received.

Retroactive Medicaid adjustments will be made for the dates requested, however, payment will be made for no more than 36 months from the date the complete documentation is received in the RO.

The following chart illustrates the Medicaid programs available for beneficiaries, how beneficiaries qualify, and whether M+COs can request Medicaid adjustment for beneficiaries in a particular Medicaid program.

Name of Medicaid Program	Qualification Criteria	M+CO Medicaid Adjustments
Qualified Medicare Beneficiary (QMB)	<ul style="list-style-type: none"> <li>♦ Has Medicare Part A</li> <li>♦ Individual Monthly Income of \$759 or less</li> <li>♦ Couple Monthly Income of \$1015 or less</li> <li>♦ Individual Resources of \$4000 or less</li> <li>♦ Couple Monthly Resources of \$6000 or less</li> </ul>	YES
Specified Low-Income Medicare Beneficiary (SLMB)	<ul style="list-style-type: none"> <li>♦ Has Medicare Part A</li> <li>♦ Individual Monthly Income of &gt; \$759 &lt; \$906</li> <li>♦ Couple Monthly Income of &gt; \$1015 &lt; \$1214</li> <li>♦ Individual Resources of \$4000 or less</li> <li>♦ Couple Monthly Resources of \$6000 or less</li> </ul>	YES
Qualifying Individual-1 (QI-1)	<ul style="list-style-type: none"> <li>♦ Has Medicare Part A</li> <li>♦ Individual Monthly Income of at least \$906 but less than \$1017</li> <li>♦ Couple Monthly Income of at least \$1214 but less than \$1364</li> <li>♦ Individual Resources of \$4000 or less</li> <li>♦ Couple Monthly Resources of \$6000 or less</li> <li>♦ Must not be otherwise eligible for Medicaid benefits</li> </ul>	NO
Qualifying Individual-2 (QI-2)	<ul style="list-style-type: none"> <li>♦ Has Medicare Part A</li> <li>♦ Individual Monthly Income of at least \$1017 but less than \$1313</li> <li>♦ Couple Monthly Income of at least \$1364 but less than \$1762</li> <li>♦ Individual Resources of \$4000 or less</li> <li>♦ Couple Monthly Resources of \$6000 or less</li> <li>♦ Must not be otherwise eligible for Medicaid benefits</li> </ul>	NO
Qualified Disabled and Working Individual (QDWI)	<ul style="list-style-type: none"> <li>♦ Lost Part A but can purchase Part A benefits when they return to work</li> <li>♦ Individual Monthly Income of less than \$3309</li> <li>♦ Couple Monthly Income of less than \$4065</li> <li>♦ Individual Resources of \$4000 or less</li> <li>♦ Couple Monthly Resources of \$6000 or less</li> <li>♦ Must not be otherwise eligible for Medicaid benefits</li> </ul>	NO



**Documentation required to retroactively change the Medicaid health status of a beneficiary:**

M+CO Contract Number (H#)

Beneficiary Name and Claim Number

Verification of Medicaid Status including starting/ending dates.

One or more of the following constitutes acceptable documentation:

- A copy of the Medicaid card documentation that the M+CO verified Medicaid eligibility with the state including:

- The date of the verification call by the M+CO

- The phone number used to verify eligibility

- The name of the state staff person who verified the Medicaid period

- A copy of the state document that confirms Medicaid entitlement for the discrepant period.

- A screen print from the State's Medicaid System that shows the Medicaid status for the discrepant period.

If a vendor provides the required information to request a change in the Medicaid status, the M+CO must submit a document from that state authorizing the use of the vendor as a valid source for Medicaid information.

**Regional Office Review and Processing of the Request**

The Retro-Processing Contractor will acknowledge receipt of the request for retroactive adjustments within 10 days of receipt. The Retro-Processing Contractor will process requested adjustments within 45 days of receipt, or return it to the M+CO including the reason that the adjustment was not processed.

The Retro-Processing Contractor will return the request without action, if the documentation is not complete.

The Retro-Processing Contractor will return the request without action if the dates of Medicaid status are older than 36 months prior to the receipt of the request by the RO.

The Retro-Processing Contractor will return the request without action if the beneficiary was not a member of the plan for the discrepancy period.

If the Medicaid status for the period requested in the adjustment reflects the current Medicaid periods in GHP, return it to the M+CO without action.

If not, the Retro-Processing Contractor will validate the requested change and enter the revised Medicaid status into McCOY.



# Year 2003

## Plan GHP Monthly Schedule



### ▼ JANUARY 2003 ▼

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

### ▼ FEBRUARY 2003 ▼

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

### ▼ MARCH 2003 ▼

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

### ▼ APRIL 2003 ▼

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

### ▼ MAY 2003 ▼

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

### ▼ JUNE 2003 ▼

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

## JANUARY 2003

- 1 New Year's Day (Holiday)
- 9 ATTESTATION DUE FOR  
NOV. 25, 2002 GROUCH RPT.\*
- 16 PLAN DATA DUE
- 17 McCOY DOWN DAY
- 20, 21 McCOY DOWN DAYS
- 20 Martin Luther King, Jr. (Holiday)
- 22 McCOY Enrollment and Working  
Aged Exception Reports Available
- 27 GROUCH REPORTS  
AVAILABLE
- 31 Working Aged Data Due  
FEBRUARY Payment Due Plan

## FEBRUARY 2003

- 3 ATTESTATION DUE FOR  
DEC. 20, 2002 GROUCH  
RPT.\*
- 13 PLAN DATA DUE
- 14 McCOY DOWN DAY
- 17, 18 McCOY DOWN DAYS
- 17 President's Birthday (Observed)
- 19 McCOY Enrollment and Working  
Aged Exception Reports Available
- 24 GROUCH REPORTS  
AVAILABLE
- 28 Working Age Data Due  
MARCH Payment Due Plan

## MARCH 2003

- 13 PLAN DATA DUE
- ATTESTATION DUE FOR  
JAN. 27, 2003 GROUCH RPT.\*
- 14 McCOY DOWN DAY
- 17 McCOY DOWN DAY
- 18 McCOY DOWN DAY
- 19 McCOY Enrollment and Working Age  
Exception Reports Available
- 24 GROUCH REPORTS AVAILABLE
- 31 Working Aged Data Due

## APRIL 2003

- 1 APRIL Payment Due Plan
- 10 ATTESTATION DUE FOR  
FEB. 24, 2003 GROUCH RPT.\*
- 11 PLAN DATA DUE
- 14 McCOY DOWN DAY
- 15 McCOY DOWN DAY
- 16 McCOY DOWN DAY
- 17 McCOY Enrollment and Working Aged  
Exception Reports Available
- 22 GROUCH REPORTS AVAILABLE
- 30 Working Aged Data Due

### ▼ JULY 2003 ▼

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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

### ▼ AUGUST 2003 ▼

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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
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### ▼ SEPTEMBER 2003 ▼

S	M	T	W	T	F	S
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21	22	23	24	25	26	27
28	29	30				

### ▼ OCTOBER 2003 ▼

S	M	T	W	T	F	S
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
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### ▼ NOVEMBER 2003 ▼

S	M	T	W	T	F	S
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16	17	18	19	20	21	22
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### ▼ DECEMBER 2003 ▼

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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



# Year 2003

## Plan GHP Monthly Schedule



### ▼ JANUARY 2003 ▼

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
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### ▼ FEBRUARY 2003 ▼

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### ▼ MARCH 2003 ▼

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### ▼ APRIL 2003 ▼

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### ▼ MAY 2003 ▼

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### ▼ JUNE 2003 ▼

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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

## MAY 2003

- 1 MAY Payment Due Plan
- 8 **ATTESTATION DUE FOR  
MAR. 24, 2003 GROUCH RPT.\***
- 15 **PLAN DATA DUE**
- 16 **McCOY DOWN DAY**
- 19 **McCOY DOWN DAY**
- 20 **McCOY DOWN DAY**
- 21 McCOY Enrollment and Working Aged  
Exception Reports Available
- 26 Memorial Day (Observed)
- 27 **GROUCH REPORTS AVAILABLE**
- 30 **Working Aged Data Due**  
JUNE Payment Due Plan

## JUNE 2003

- 6 **ATTESTATION DUE FOR  
APRIL 22, 2003 GROUCH RPT.\***
- 12 **PLAN DATA DUE**
- 13 **McCOY DOWN DAY**
- 16 **McCOY DOWN DAY**
- 17 **McCOY DOWN DAY**
- 18 McCOY Enrollment and Working Aged  
Exception Reports Available
- 23 **GROUCH REPORTS AVAILABLE**
- 30 **Working Age Data Due**

## JULY 2003

- 1 JULY Payment Due Plan
- 4 Independence Day (Holiday)
- 11 **ATTESTATION DUE FOR  
MAY 27, 2003 GROUCH RPT.\***
- 16 **PLAN DATA DUE**
- 17 **McCOY DOWN DAY**
- 18 **McCOY DOWN DAY**
- 21 **McCOY DOWN DAY**
- 22 McCOY Enrollment and Working Aged  
Exception Reports Available
- 25 **GROUCH REPORTS AVAILABLE**
- 31 **Working Aged Data Due**

## AUGUST 2003

- 1 AUGUST Payment Due Plan
- 7 **ATTESTATION DUE FOR  
JUNE 23, 2003 GROUCH RPT.\***
- 14 **PLAN DATA DUE**
- 15 **McCOY DOWN DAY**
- 18 **McCOY DOWN DAY**
- 19 **McCOY DOWN DAY**
- 20 McCOY Enrollment and Working Aged  
Exception Reports Available
- 26 **GROUCH REPORTS AVAILABLE**
- 29 **Working Aged Data Due**  
SEPTEMBER Payment Due Plan

### ▼ JULY 2003 ▼

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### ▼ AUGUST 2003 ▼

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24	25	26	27	28	29	30
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### ▼ SEPTEMBER 2003 ▼

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28	29	30				

### ▼ OCTOBER 2003 ▼

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### ▼ NOVEMBER 2003 ▼

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### ▼ DECEMBER 2003 ▼

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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



# Year 2003

## Plan GHP Monthly Schedule



▼ JANUARY 2003 ▼						
S	M	T	W	T	F	S
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12	13	14	15	16	17	18
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▼ FEBRUARY 2003 ▼						
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▼ MARCH 2003 ▼						
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▼ APRIL 2003 ▼						
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▼ MAY 2003 ▼						
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▼ JUNE 2003 ▼						
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### SEPTEMBER 2003

- 1 Labor Day (Holiday)
- 8 ATTESTATION DUE FOR  
JULY 25, 2003 GROUCH RPT.\*
- 12 PLAN DATA DUE
- 15 McCOY DOWN DAY
- 16 McCOY DOWN DAY
- 17 McCOY DOWN DAY
- 18 McCOY Enrollment and Working  
Aged Exception Reports Available
- 24 GROUCH REPORTS AVAILABLE
- 30 Working Aged Data Due

### OCTOBER 2003

- 1 OCTOBER Payment Due Plan
- 10 ATTESTATION DUE FOR  
AUG. 26, 2003 GROUCH RPT.\*
- 13 Columbus Day (Observed)
- 16 PLAN DATA DUE
- 17 McCOY DOWN DAY
- 20 McCOY DOWN DAY
- 21 McCOY DOWN DAY
- 22 McCOY Enrollment and Working Age  
Exception Reports Available
- 27 GROUCH REPORTS AVAILABLE
- 31 Working Aged Data Due  
NOVEMBER Payment Due Plan

### NOVEMBER 2003

- 10 ATTESTATION DUE FOR  
SEPT. 24, 2003 GROUCH RPT.\*
- 11 Veteran's Day (Holiday)
- 13 PLAN DATA DUE
- 14 McCOY DOWN DAY
- 15 Annual Election Period Begins
- 17 McCOY DOWN DAY
- 18 McCOY DOWN DAY
- 19 McCOY Enrollment and Working Aged  
Exception Reports Available
- 25 GROUCH REPORTS AVAILABLE
- 27 Thanksgiving Day (Holiday)
- 28 Working Aged Data Due

### DECEMBER 2003

- 1 DECEMBER Payment Due Plan
- 10 PLAN DATA DUE
- 11 ATTESTATION DUE FOR  
OCT. 27, 2003 GROUCH RPT.\*
- 11 McCOY DOWN DAY
- 12 McCOY DOWN DAY
- 15 McCOY DOWN DAY
- 16 McCOY Enrollment and Working Aged  
Exception Reports Available
- 22 GROUCH REPORTS AVAILABLE
- 25 Christmas Day (Holiday)
- 31 Working Aged Data Due  
Annual Election Period Ends  
JANUARY Payment Due Plan

▼ JULY 2003 ▼						
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▼ AUGUST 2003 ▼						
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▼ SEPTEMBER 2003 ▼						
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▼ OCTOBER 2003 ▼						
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▼ DECEMBER 2003 ▼						
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